

## HICAP BUDGET SUMMARY

|                  |                                     |                   |                       |                          |                   |                  |                              |
|------------------|-------------------------------------|-------------------|-----------------------|--------------------------|-------------------|------------------|------------------------------|
| BUDGET PERIOD:   | [ ] ORIGINAL [ ] AMENDMENT NO.:     |                   |                       | CONTRACT NO.:            |                   | DATE:            | PSA NO.:                     |
| COST<br>CATEGORY | Col (a)                             | Col (b)           | Col (c)               | Col (d)                  | Col (e)           | Col (f)          | Col (g)                      |
|                  | STATE AND FEDERAL (SHIP) FUNDS ONLY |                   |                       |                          | OTHER FUNDING     |                  | TOTAL                        |
|                  | AAA<br>Admin                        | Direct<br>Service | Contracted<br>Service | TOTAL<br>Columns (a,b,c) | Program<br>Income | Other<br>Funding | All Funds<br>Columns (d,e,f) |

### AAA ADMINISTRATION

|                             |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|
| Personnel                   |  |  |  |  |  |  |  |
| Operating Expenses          |  |  |  |  |  |  |  |
| Indirect Admin              |  |  |  |  |  |  |  |
| <b>TOTAL ADMINISTRATION</b> |  |  |  |  |  |  |  |

### HICAP PROGRAM

|                                   |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|
| HICAP Reimbursements              |  |  |  |  |  |  |  |
| HICAP Fund                        |  |  |  |  |  |  |  |
| HICAP General SHIP Funds          |  |  |  |  |  |  |  |
| HICAP MMA Supplemental SHIP Funds |  |  |  |  |  |  |  |
| <b>TOTAL HICAP PROGRAM</b>        |  |  |  |  |  |  |  |

### TOTAL BUDGET

|                            |      |                         |  |  |  |      |  |
|----------------------------|------|-------------------------|--|--|--|------|--|
| FOR STATE USE ONLY         |      |                         |  |  |  |      |  |
| Fiscal Specialist Approval | Date | Team Coach Verification |  |  |  | Date |  |

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)] [ ] Yes Amount Budgeted:\$ \_\_\_\_\_

## AAA ADMINISTRATION BUDGET NARRATIVE

|                                   |                                 |                     |                      |              |
|-----------------------------------|---------------------------------|---------------------|----------------------|--------------|
| BUDGET PERIOD:                    | [ ] ORIGINAL [ ] AMENDMENT NO.: | CONTRACT NO.:       | DATE:                | PSA NO.:     |
| <b>PERSONNEL</b>                  |                                 | (a)                 | (b)                  | (c)          |
| Position Classification:          |                                 | Annual<br>Wage Rate | % of Time<br>Devoted | <b>TOTAL</b> |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| <b>TOTAL SALARIES &amp; WAGES</b> |                                 |                     |                      |              |
| STAFF BENEFITS                    |                                 |                     |                      |              |
| <b>TOTAL PERSONNEL</b>            |                                 |                     |                      |              |
| <b>OPERATING EXPENSES</b>         |                                 |                     | Rate per Square Ft.  |              |
| Annual Rent                       |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| Equipment (List):                 | Quantity                        | Unit Price          |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| Travel:                           |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| Other Operating Expenses (List):  |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| <b>TOTAL OPERATING EXPENSES</b>   |                                 |                     |                      |              |
| INDIRECT ADMIN                    |                                 |                     |                      |              |
| <b>TOTAL ADMINISTRATION</b>       |                                 |                     |                      |              |

## HICAP DIRECT SERVICES BUDGET NARRATIVE\*

|                                   |                                 |                     |                      |              |
|-----------------------------------|---------------------------------|---------------------|----------------------|--------------|
| BUDGET PERIOD:                    | [ ] ORIGINAL [ ] AMENDMENT NO.: | CONTRACT NO.:       | DATE:                | PSA NO.:     |
| <b>PERSONNEL</b>                  |                                 | (a)                 | (b)                  | (c)          |
| Position Classification:          |                                 | Annual<br>Wage Rate | % of Time<br>Devoted | <b>TOTAL</b> |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| <b>TOTAL SALARIES &amp; WAGES</b> |                                 |                     |                      |              |
| STAFF BENEFITS                    |                                 |                     |                      |              |
| <b>TOTAL PERSONNEL</b>            |                                 |                     |                      |              |
| <b>OPERATING EXPENSES</b>         |                                 |                     | Rate per Square Ft.  |              |
| Annual Rent:                      |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| Equipment (List):                 | Quantity                        | Unit Price          |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| Travel:                           |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| Other Operating Expenses (List):  |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
|                                   |                                 |                     |                      |              |
| <b>TOTAL OPERATING EXPENSES</b>   |                                 |                     |                      |              |
| INDIRECT COSTS                    |                                 |                     |                      |              |
| <b>TOTAL DIRECT SERVICES</b>      |                                 |                     |                      |              |

\* - Budget Direct expenses from all funding sources, including MMA Supplemental funds.

## HICAP CONTRACTED SERVICES SCHEDULE\*

|  |                                 |                      |                                      |  |                          |                         |  |
|--|---------------------------------|----------------------|--------------------------------------|--|--------------------------|-------------------------|--|
| BUDGET PERIOD:                         | [ ] ORIGINAL [ ] AMENDMENT NO.: |                      | CONTRACT NO.:                        |  |                          | DATE:                   | PSA NO.:                                     |
| Contractors                            | (a)<br>HICAP<br>Reimbursements  | (b)<br>HICAP<br>Fund | (c)<br>HICAP Federal<br>General SHIP | (d)<br>HICAP Federal<br>MMA Supplemental | (e)<br>Program<br>Income | (f)<br>Other<br>Funding | (g) <b>TOTAL<br/>CONTRACTED<br/>SERVICES</b> |
| Name:                                  |                                 |                      |                                      |  |                          |                         |  |
| Address:                               |                                 |                      |                                      |  |                          |                         |  |
| Telephone:                             |                                 |                      |                                      |  |                          |                         |  |
| Contact Person:                        |                                 |                      |                                      |  |                          |                         |  |
| Name:                                  |                                 |                      |                                      |  |                          |                         |  |
| Address:                               |                                 |                      |                                      |  |                          |                         |  |
| Telephone:                             |                                 |                      |                                      |  |                          |                         |  |
| Contact Person:                        |                                 |                      |                                      |  |                          |                         |  |
| Name:                                  |                                 |                      |                                      |  |                          |                         |  |
| Address:                               |                                 |                      |                                      |  |                          |                         |  |
| Telephone:                             |                                 |                      |                                      |  |                          |                         |  |
| Contact Person:                        |                                 |                      |                                      |  |                          |                         |  |
| Name:                                  |                                 |                      |                                      |  |                          |                         |  |
| Address:                               |                                 |                      |                                      |  |                          |                         |  |
| Telephone:                             |                                 |                      |                                      |  |                          |                         |  |
| Contact Person:                        |                                 |                      |                                      |  |                          |                         |  |
| <b>TOTAL HICAP CONTRACTED SERVICES</b> |                                 |                      |                                      |  |                          |                         |  |

\* - Budget Contracted expenses from all funding sources, including MMA Supplemental funds.

## HICAP MEDICARE MODERNIZATION ACT (MMA) SCHEDULE\*

| BUDGET PERIOD:                                | [ ] ORIGINAL [ ] AMENDMENT NO.: | CONTRACT NO.:                  | DATE:                             | PSA NO.: |
|---|---------------------------------|--------------------------------|-----------------------------------|----------|
| COST CATEGORIES                               | (a)<br>Direct<br>MMA Costs      | (b)<br>Contracted<br>MMA Costs | (c)<br><b>TOTAL<br/>MMA COSTS</b> |          |
| <b>PERSONNEL</b>                              |                                 |                                |                                   |          |
| Salaries & Wages                              |                                 |                                |                                   |          |
| Staff Benefits                                |                                 |                                |                                   |          |
| <b>TOTAL PERSONNEL COSTS</b>                  |                                 |                                |                                   |          |
| <b>OPERATING EXPENSES</b>                     |                                 |                                |                                   |          |
| Rent  |                                 |                                |                                   |          |
| Equipment:                                    |                                 |                                |                                   |          |
| Purchases/Maintenance                         |                                 |                                |                                   |          |
| Computers (include Notebooks)                 |                                 |                                |                                   |          |
| Travel:                                       |                                 |                                |                                   |          |
| Training                                      |                                 |                                |                                   |          |
| Non-Training                                  |                                 |                                |                                   |          |
| Other Operating Expenses                      |                                 |                                |                                   |          |
| Training:                                     |                                 |                                |                                   |          |
| Registration Fees                             |                                 |                                |                                   |          |
| Materials/Printing                            |                                 |                                |                                   |          |
| Printing/Non-Training                         |                                 |                                |                                   |          |
| Utilities                                     |                                 |                                |                                   |          |
| Postage                                       |                                 |                                |                                   |          |
| Supplies                                      |                                 |                                |                                   |          |
| General Expense/Insurance/Accounting Services |                                 |                                |                                   |          |
| Communications                                |                                 |                                |                                   |          |
| Advertising/Promotions                        |                                 |                                |                                   |          |
| Internet Access                               |                                 |                                |                                   |          |
| Consultants                                   |                                 |                                |                                   |          |
| Volunteer Recognition                         |                                 |                                |                                   |          |
| InfoVan Operation Costs                       |                                 |                                |                                   |          |
| MIS Database & Software License Fees          |                                 |                                |                                   |          |
| Other:  |                                 |                                |                                   |          |
| <b>TOTAL OPERATING EXPENSES</b>               |                                 |                                |                                   |          |
| <b>INDIRECT COSTS</b>                         |                                 |                                |                                   |          |
| <b>TOTAL MMA COSTS</b>                        |                                 |                                |                                   |          |

\* - Budget Direct and Contracted expenses from MMA funds only. This is not a separate budget page for MMA. Include these expenses on Page 1, 2, 3, & 4 also.